

BPD Medicare Prescription Data 2013-2014 Analysis

Executive Summary

Data

The Centers for Medicare and Medicaid Services' "Medicare provider utilization and payment data public use" file tracks prescriber practices for drug events incurred by individuals on Medicare Part D drug plans in calendar years 2013 and 2014, the most recent years this data is currently available. Those eligible for Medicare Part D include individuals over the age of 65, individuals under the age of 65 who have certain permanent disabilities, and individuals with end-stage renal disease.

Findings

The analysis of the Medicare data from 2013 and 2014 included the following major findings about opioid prescribing practices in Vermont:

- 1) In 2014, Vermont was an outlier when compared to the other five New England states in terms of unique opioid prescriptions per beneficiary (i.e. patient) and well above average for number of days an opioid was prescribed per beneficiary
 - a. At 3.2 scripts per patient, Vermont prescriber's rates were 17% higher than the average rate for New England outside of Vermont (18% for most abused or diverted opioids)
 - b. At 69 days per beneficiary, Vermont doctors prescribed opioids 10 days longer on average than the rest of New England doctors
- 2) From 2013 to 2014, doctors increased the rate of opioids prescribed and the number of days they were supplied
 - a. Specifically, doctors prescribed 11,000 (9%) more opioid scripts in 2014 than 2013, 82% of which were for opioids identified as being the most abused¹
 - b. Doctors also prescribed opioids for a day and a half longer on average in 2014
- 3) A number of Vermont specialties prescribed opioids at statistically significantly higher rates than their New England peers in 2014. Some of those include:
 - a. Family Practice doctors in Vermont prescribed opioids at a rate per beneficiary that was 5% higher than their New England peers. They supplied the most abused opioids 4 days longer per patient on average than other New England doctors (a 6% higher rate)
 - b. Internal Medicine doctors in Vermont prescribed opioids at a rate per beneficiary that was 16% higher than their New England peers. They supplied opioids 4 days longer per patient on average than other New England doctors (an 11% higher rate)
 - c. Nurse Practitioners in Vermont prescribed opioids at a rate per beneficiary that was 13% higher than their New England peers. They supplied opioids 4 days longer per patient on average than other New England doctors (an 13% higher rate)

For several other specialties, the disparity in opioid prescriptions were much larger in terms of percent difference between Vermont's rates and the average rate for the rest of New England. However, in

¹ 77% of the overall opioid sample were drugs identified as most abused opioids

these cases, one or a very small number of outlying prescribers skewed the rate within their specialty, and therefore those results were not included here.

- 4) There are a number of doctors that fall at least 3 standard deviations above the mean for opioid prescription rate per beneficiary and are, by definition, statistical outliers. It will be important to take a closer look at these prescribers and to track their rates over time to determine if there is a reasonable explanation for why they prescribe opioids at such higher rates than their peers

Limitations & Implications of the Analysis

About 14% of insured individuals in Vermont have Medicare Part D plans. We cannot say for sure that the prescribing trends apparent in the federal Medicare data, which covers Medicare Part D beneficiaries, is representative of the prescribing practices to patients in Vermont overall. Regardless of this limitation, the findings of the analysis are important for two reasons: First, we find doctors in Vermont are over-prescribing opioids to Medicare Part D beneficiaries, the same concerning practices could be occurring within the larger universe of drug prescription. Second, regardless of the generalizability of the prescribing practices to Medicare Part D beneficiaries, if it is apparent that doctors in Vermont are over-prescribing opioids to people over the age of 65 and to those with permanent disabilities, these could be populations at a heightened risk for opioid addiction. Additionally, this finding would highlight the importance of transparency in public health care operations and would demand a deeper dive into prescribing practices to include other public insurance programs, such as Medicaid.

An additional limitation of the data is that it is only available through 2014. That we only have data as recent as 2014 when it is now 2017 demonstrates the need for the more timely collection and dissemination of information crucial to tracking trends in prescription practices that should have direct implications for public policy.

These two limitations underscore the importance of more inclusive and timely public health data releases. Providing more comprehensive public health prescribing practice data and at more frequent iterations while maintaining individual beneficiaries' privacies is crucial. Beyond offering the public the level of transparency they deserve from the public health sector, such an effort would:

- 1) Generate public discourse about opioid prescribing practices in the state of Vermont and how such consequential public services are affecting community health, safety and quality of life
- 2) Give individual doctors and prescribers the opportunity to compare their practices to those of their peers and to make adjustments, if appropriate
- 3) Allow for the monitoring of progresses in prescribing practices over the course of months and years and encourage the examination of areas in need of attention and reform